NOTICE OF DENIAL OR PENDING STATUS

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)	Notice Date: Case Name: Number: Worker Name: Number: Telephone: Address: Questions? Ask your Worker. State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
DENIAL: Your household's application for Food Stamps has been/will be denied because:	PENDING STATUS: — Your application is pending.
 □ If you do the following by	You have done what you need to do. We are still working on your case and you will hear from us soon. We asked you for the following information when you applied for food stamps. You did not give us the information within ten (10) days of the day it was requested. You must give us the information by or your application will be denied and you will not get another notice. If you still want food stamps, you will have to reapply.
BACK BENEFITS: Your application/request for back food stamp benefits dated was denied because: Your application/request for back Food Stamp benefits dated was denied because it was filed in the wrong county. You must ask for those benefits from the county where you were denied or received benefits. Rules: These rules apply. You may review them at your welfare office.	If you give us the things listed here by the date above, your application will be reopened.